

STATE: MINNESOTA
Effective: July 1, 2001
TN: 01-13
Approved:
Supersedes: 00-28

ATTACHMENT 3.1-A
Page 78d

26. Personal care assistant services. (continued)

- 3) the administrative fee of the PCA Choice provider and services paid for with that fee, including background checks;
- 4) procedures to respond to billing or payment complaints; and
- 5) procedures for hiring and terminating the qualified professional and personal care assistant.

The PCA Choice provider:

- a) enrolls in medical assistance;
- b) requests and secures background checks on qualified professionals and personal care assistants according to the state human services licensing act;
- c) bills for personal care assistant and qualified professional services;
- d) pays the qualified professional and personal care assistant based on actual hours of services provided;
- e) withholds and pays all applicable federal and state taxes;
- f) makes the arrangements and pays unemployment insurance, taxes, workers' compensation, liability insurance, and other benefits, if any;
- g) verifies and ~~documents~~ keeps records of hours worked by the qualified professional and personal care assistant; and
- h) ensures arm's length transactions with the recipient and personal care assistant.

STATE: MINNESOTA
Effective: July 1, 2001
TN: 01-13
Approved:
Supersedes: 00-28

ATTACHMENT 3.1-A
Page 78e

26. Personal care assistant services. (continued)

At a minimum, qualified professionals visit the recipient in the recipient's home at least once every year. Qualified professionals-

- a) ~~report to the county public health nurse concerns relating to the health and safety of the recipient, and~~
- b) report to the appropriate authorities any suspected abuse, neglect, or financial exploitation of the recipient.

As part of the assessment and reassessment process in item 6.d.B. of this attachment, the following must be met to use, or continue to use, a PCA Choice provider:

- a) the recipient must be able to direct the recipient's own care, or the responsible party for the recipient must be readily available to direct the care of the personal care assistant;
- b) the recipient or responsible party must be knowledgeable of the health care needs of the recipient and be able to effectively communicate those needs;
- c) the recipient cannot receive shared personal care assistant services (shared services); and
- d) a service update cannot be used in lieu of an annual reassessment.

Authorization to use the PCA Choice option will be denied, revoked, or suspended if:

- a) the public health nurse or qualified professional determines that use of this option jeopardizes the recipient's health and safety;
- b) the parties do not comply with the written agreement; or
- c) the use of the option results in abusive or fraudulent billing.

STATE: MINNESOTA
Effective: July 1, 2001
TN: 01-13
Approved:
Supersedes: 00-28

ATTACHMENT 3.1-A
Page 78f

26. Personal care assistant services. (continued)

The recipient or responsible party may appeal this decision. A denial, revocation or suspension will not affect the recipient's authorized level of personal care assistant services.

Amount, duration and scope of personal care assistant services:

- Department prior authorization is required for all personal care assistant services and supervision, if requested by the recipient or responsible party. Prior authorization is based on the physician's orders; the recipient's needs, diagnosis, and condition; an assessment of the recipient; primary payer coverage determination information as required; the service plan; and cost effectiveness when compared to other care options. The Department may authorize up to the following amounts of personal care assistant service:
 - a) up to 2 times the average number of direct care hours provided in nursing facilities for the recipient's comparable case mix level;
 - b) up to 3 times the average number of direct care hours provided in nursing facilities for recipients with complex medical needs, or who are dependent in at least seven activities of daily living and need either physical assistance with eating or have a neurological diagnosis;
 - c) up to 60 percent of the average payment rate for care provided in a regional treatment center for recipients who exhibit, or that without supervision, observation, or redirection would exhibit, one or more of the following behaviors:
 - 1) self-injury;
 - 2) physical injury to others; or
 - 3) destruction of property;
 - d) up to the amount medical assistance would pay for care provided in a regional treatment center for recipients referred by a regional treatment center preadmission evaluation team; or

STATE: MINNESOTA
Effective: July 1, 2001
TN: 01-13
Approved:
Supersedes: 00-28

ATTACHMENT 3.1-A
Page 78g

26. Personal care assistant services. (continued)

- e) up to the amount medical assistance would pay for facility care for recipients referred by a preadmission screening long term care consultation team; and
- f) a reasonable amount of time for the provision of supervision of personal care assistant services, if a qualified professional is requested by the recipient or responsible party.
- Department prior authorization is also required if more than two reassessments to determine a recipient's need for personal care assistant services are needed during a calendar year.
- Personal care assistant services must be prescribed by a physician. The service plan must be reviewed and revised as medically necessary at least once every 365 days.
- For personal care assistant services
 - a) effective July 1, 1996, the amount and type of service authorized based upon the assessment and service plan will follow the recipient if the recipient chooses to change providers;
 - b) effective July 1, 1996, if the recipient's medical need changes, the recipient's provider may request a change in service authorization; and
 - c) as of July 1, 1998, in order to continue to receive personal care assistant services after the first year, the recipient or the responsible party, in conjunction with the public health nurse, may complete a service update on forms developed by the Department. If a service update is completed, it substitutes for the annual reassessment described in item 6.d.B. of this attachment.
- All personal care assistant services must be supervised as described in this item. A reasonable amount of time for the provision of supervision shall be authorized.

STATE: MINNESOTA
Effective: July 1, 2001
TN: 01-13
Approved:
Supersedes: 00-28

ATTACHMENT 3.1-A
Page 78h

26. Personal care assistant services. (continued)

- Personal care assistant services are provided for recipients who live in their own home if their own home is not a hospital, nursing facility, intermediate care facility for the mentally retarded (ICF/MR), institution for mental disease, or licensed health care facility.
- Recipients may use approved units of service outside the home when normal life activities take them outside the home ~~and when, without the provision of personal care, their health and safety would be jeopardized.~~ Effective July 1, 1996, total hours for personal care assistant services, whether performed inside or outside a recipient's home, cannot exceed that which is otherwise allowed for personal care assistant services in an in-home setting.
- Recipients may receive shared personal care assistant services (shared services), defined as providing personal care assistant services by a personal care assistant to two or three recipients at the same time and in the same setting. For purposes of this item, "setting" means the home or foster care home of one of the recipients, a child care program in which all recipients served by one personal care assistant are participating, which has state licensure or is operated by a local school district or private school, or outside the home or foster care home when normal life activities take recipients outside the home or foster care home. The provider must offer the recipient or responsible party the option of shared services; if accepted, the recipient or responsible party may withdraw participation in shared services at any time.

If supervision of a personal care assistant by a qualified professional is requested by any one of the recipients or responsible parties, the supervision duties of the qualified professional are limited to only those recipients who requested the supervision.

In addition to the documentation requirements for personal care provider service records in state rule, a personal care provider must meet documentation requirements for shared services and must document the following in the health service record for each recipient sharing services:

STATE: MINNESOTA
Effective: July 1, 2001
TN: 01-13
Approved:
Supersedes: 00-28

ATTACHMENT 3.1-A
Page 78i

26. Personal care assistant services. (continued)

- a) permission by the recipient or responsible party for the maximum number of shared services hours per week chosen by the recipient;
- b) permission by the recipient or responsible party for personal care assistant services provided outside the recipient's home;
- c) permission by the recipient or responsible party for others to receive shared services in the recipient's home;
- d) revocation by the recipient or responsible party of the shared service authorization, or the shared service to be provided to others in the recipient's home, or the shared services to be provided outside the recipient's home;
- e) if a qualified professional is requested by any one of the recipients or responsible parties, supervision of the shared personal care assistant services by the qualified professional, including the date, time of day, number of hours spent supervising the provision of shared services, whether the supervision was face-to-face or another method of supervision, changes in the recipient's condition, and shared services scheduling issues and recommendations;
- f) if a qualified professional is requested by any one of the recipients or responsible parties, documentation by the qualified professional of telephone calls or other discussions with the personal care assistant regarding services being provided to the recipient; and
- g) daily documentation of the shared services provided by each identified personal care assistant including:
 - 1) the names of each recipient receiving share services together;
 - 2) the setting for the shared services, including the starting and ending times that the recipient received shared services; and

STATE: MINNESOTA
Effective: July 1, 2001
TN: 01-13
Approved:
Supersedes: 00-28

ATTACHMENT 3.1-A
Page 78j

26. Personal care assistant services. (continued)

- 3) notes by the personal care assistant regarding changes in the recipient's condition, problems that may arise from the sharing of services, scheduling issues, care issues, and other notes as required by the qualified professional, if a qualified professional is requested by any one of the recipients or responsible parties.

In order to receive shared services:

- a) the recipient or responsible party, in conjunction with the county public health nurse, must determine:
 - 1) whether shared services is an appropriate option based on the individual needs and preferences of the recipient; and
 - 2) the amount of shared services allocated as part of the overall authorization of personal care assistant services;
- b) the recipient or responsible party, in conjunction with the supervising qualified professional (if a qualified professional is requested by any one of the recipients or responsible parties), must arrange the setting and grouping of shared services based on the individual needs and preferences of the recipients;
- c) the recipient or responsible party, and the supervising qualified professional (if a qualified professional is requested by any one of the recipients or responsible parties), must consider and document in the recipient's health service record:
 - 1) the additional qualifications needed by the personal care assistant to provide care to several recipients in the same setting;
 - 2) the additional training and supervision needed by the personal care assistant to ensure that the needs of the recipient are appropriately and safely met. If supervision by a qualified professional is requested by any one of the recipients or responsible parties, the provider

STATE: MINNESOTA
Effective: July 1, 2001
TN: 01-13
Approved:
Supersedes: 00-28

ATTACHMENT 3.1-A
Page 78k

26. Personal care assistant services. (continued)

must provide on-site supervision by a qualified professional within the first 14 days of shared services, and monthly thereafter;

- 3) the setting in which the shared services will be provided;
- 4) the ongoing monitoring and evaluation of the effectiveness and appropriateness of the service and process used to make changes in service or setting; and
- 5) a contingency plan that accounts for absence of the recipient in a shared services setting due to illness or other circumstances and staffing contingencies.

- The following personal care assistant services are covered under medical assistance as personal care assistant services:

- a) ~~bowel and bladder care,~~
- b) ~~skin care to maintain the health of the skin,~~
- c) ~~repetitive range of motion, muscle strengthening exercises, and other tasks specific to maintaining a recipient's optimal level of function,~~
- d) ~~respiratory assistance,~~
- e) ~~transfers and ambulation,~~
- f) ~~bathing, grooming, and hair washing necessary for personal hygiene,~~
- g) ~~turning and positioning,~~
- h) ~~assistance with furnishing medication that is self-administered,~~
- i) ~~application and maintenance of prosthetics and orthotics,~~

STATE: MINNESOTA

Effective: July 1, 2001

TN: 01-13

Approved:

Supersedes: 00-28

ATTACHMENT 3.1-A

Page 781

26. Personal care assistant services. (continued)

- ~~j) cleaning medical equipment;~~
- ~~k) dressing or undressing;~~
- ~~l) assistance with eating, meal preparation and necessary grocery shopping;~~
- ~~m) accompanying a recipient to obtain medical diagnosis or treatment;~~
- ~~n) effective July 1, 1996, assisting, monitoring, or prompting the recipient to complete the services in items (a) to (m);~~
- ~~o) effective July 1, 1996, redirection, monitoring, and observation that are medically necessary and an integral part of completing the personal care described in items (a) to (n);~~
- ~~p) effective July 1, 1996, redirection and intervention for behavior, including observation and monitoring;~~
- ~~q) effective July 1, 1996, interventions for seizure disorders, including monitoring and observation if the recipient has had a seizure that requires intervention within the past three months;~~
- ~~r) effective July 1, 1998, tracheostomy suctioning using a clean procedure if the procedure is properly delegated by a registered nurse. Before this procedure may be delegated to a personal care assistant, a registered nurse must determine that the tracheostomy suctioning can be accomplished utilizing a clean, rather than a sterile procedure, and must ensure that the personal care assistant has been taught the proper procedure. A clean procedure is defined as a technique reducing the numbers of microorganisms, or prevents or reduces the transmission of microorganisms from one recipient or place to another. It may be used beginning 14 days after insertion, and~~

STATE: MINNESOTA
Effective: July 1, 2001
TN: 01-13
Approved:
Supersedes: 00-28

ATTACHMENT 3.1-A
Page 78m

26. Personal care assistant services. (continued)

~~s) incidental household services that are an integral part of a personal care service described in items a) to r).~~

- ~~• The above limitations do not apply to medically necessary personal care services under EPSDT.~~

a) services and supports that assist in accomplishing activities of daily living. "Activities of daily living" include eating, toileting, grooming, dressing, bathing, transferring, mobility, and positioning;

b) services and supports that assist in accomplishing instrumental activities of daily living. "Instrumental activities of daily living" include meal planning and preparation, managing finances, shopping for food, clothing and other essential items, performing essential household chores, communication by telephone and other media, and participating in the community;

c) services and supports that assist in health-related functions through hands-on assistance, supervision, and cuing. "Health-related functions" means services that can be delegated or assigned by a licensed health care professional to be performed by a personal care assistant. These are provided under the supervision of a qualified professional or the direction of the recipient's physician; and

d) redirection and intervention for behavior including observation and monitoring.

- The following services are **not covered** under medical assistance as personal care assistant services:

a) health services provided and billed by a provider who is not an enrolled personal care provider;

b) personal care assistant services that are provided by the recipient's spouse, legal guardian, parent of a recipient under age 18, or the recipient's responsible party;

STATE: MINNESOTA
Effective: July 1, 2001
TN: 01-13
Approved:
Supersedes: 00-28

ATTACHMENT 3.1-A
Page 78n

26. Personal care assistant services. (continued)

- c) personal care assistant services that are provided by the recipient's adult child or sibling, or the adult recipient's parent, unless these relatives meet one of the hardship criteria, below, and receive a waiver from the Department. As of July 1, 2000, any of these relatives who are also guardians or conservators of adult recipients, when the guardians or conservators are not the owner of the recipient's personal care provider organization, are included in this list.

The hardship waiver criteria are:

- 1) the relative resigns from a part-time or full-time job to provide personal care for the recipient;
 - 2) the relative goes from a full-time job to a part-time job with less compensation to provide personal care for the recipient;
 - 3) the relative takes a leave of absence without pay to provide personal care for the recipient;
 - 4) the relative incurs substantial expenses by providing personal care for the recipient; or
 - 5) because of labor conditions, special language needs, or intermittent hours of care needed, the relative is needed in order to provide an adequate number of qualified personal care assistants to meet the medical needs of the recipient.
- d) effective July 1, 1996, services provided by a foster care provider of a recipient who cannot direct his or her own care, unless a county or state case manager visits the recipient as needed, but not less than every six months, to monitor the health and safety of the recipient and to ensure the goals of the care plan are met;

STATE: MINNESOTA
Effective: July 1, 2001
TN: 01-13
Approved:
Supersedes: 00-28

ATTACHMENT 3.1-A
Page 780

26. Personal care assistant services. (continued)

- e) services provided by the residential or program license holder in a residence for more than four persons;
- f) services that are the responsibility of a residential or program license holder under the terms of a service agreement and administrative rules;
- g) sterile procedures;
- h) giving of injections of fluids into veins, muscles, or skin;
- i) homemaker services that are not an integral part of a personal care assistant service;
- j) home maintenance or chore services;
- l) personal care assistant services when the number of foster care residents is greater than four;
- m) personal care assistant services when other, more cost-effective, medically appropriate services are available;
- n) services not specified as covered under medical assistance as personal care assistant services;
- o) effective January 1, 1996, assessments by personal care provider organizations or by independently enrolled registered nurses;
- p) effective July 1, 1996, services when the responsible party is an employee of, or under contract with, or has any direct or indirect financial relationship with the personal care provider or personal care assistant, unless case management is provided (applies to foster care settings);

STATE: MINNESOTA

Effective: July 1, 2001

TN: 01-13

Approved:

Supersedes: 00-28

ATTACHMENT 3.1-A

Page 78p

26. Personal care assistant services. (continued)

- q) effective January 1, 1996, personal care assistant services that are not in the service plan;
- r) home care services to a recipient who is eligible for Medicare covered home care services (including hospice), if elected by the recipient, or any other insurance held by the recipient;
- s) services to other members of the recipient's household;
- t) any home care service included in the daily rate of the community-based residential facility where the recipient resides;
- u) personal care assistant services that are not ordered by the physician; or
- v) services not authorized by the commissioner or the commissioner's designee.

STATE: MINNESOTA
Effective: July 1, 2001
TN: 01-13
Approved:
Supersedes: 00-11

ATTACHMENT 3.1-A
Page 80

SUPPLEMENTARY NOTES

The following services are not covered under the Medical Assistance program:

1. a health service paid for directly by any other source, including third-party payers and recipients, unless the recipient's eligibility is retroactive and the provider bills the Medical Assistance program for the purpose of repaying the recipient;
2. drugs ~~which~~ that are not in the Drug Formulary or which have not received prior authorization;
3. a health service for which the required prior authorization was not obtained;
4. autopsies;
5. missed or canceled appointments;
6. telephone calls or other communications that were not face-to-face between the provider and the recipient. There is an exception for skilled nurse visits via telehomecare;
7. reports required solely for insurance or legal purposes unless requested by the local agency or the Department;
8. an average procedure including cash penalties from recipients, unless provided according to state rules;
9. a health service that does not comply with Minnesota Rules, parts 9505.0170 to 9505.0475
10. separate charges for the preparation of bills;
11. separate charges for mileage for purposes other than medical transportation of a recipient;
12. a health service that is not provided directly to the recipient, unless the service is a covered service;

STATE: MINNESOTA
Effective: July 1, 2001
TN: 01-13
Approved:
Supersedes: 00-11

ATTACHMENT 3.1-A
Page 80a

SUPPLEMENTARY NOTES (continued)

13. concurrent care by more than one provider of the same type of provider or health service specialty, for the same diagnosis, without an appropriate medical referral detailing the medical necessity of the concurrent care, if the provider has reason to know concurrent care s being provided. In this event, the Department shall pay the first submitted claim;
14. a health service, other than an emergency health service, provided to a recipient without the knowledge and consent of the recipient or the recipient's legal guardian, or a health service provided without a physician's order when the order is required by state rules, or a health service that is not in the recipient's plan of care;
15. a health service that is not documented in the recipient's health care record or medical record as required by state rules;
16. a health service other than an emergency health service provided to a recipient in a long-term-care facility ~~and which~~ that is not in the recipient's plan of care or ~~which~~ has not been ordered, in writing, by a physician when an order is required;
17. an abortion that does not comply with 42 CFR §§441.200 to 441.208 or Minnesota Statutes, §256B.0625, subdivision 16;
18. a health service that is of a lower standard of quality than the prevailing community standard of the provider's professional peers. In this event, the provider of service of a lower standard of quality is responsible for bearing the cost of the service;
19. a health service that is only for a vocational purpose or an educational purpose that is not related to a health service;
20. except for an emergency, more than one consultation by a provider per recipient per day; for purposes of this item, "consultation" means a meeting of two or more physicians to evaluate the nature and progress of disease in a recipient and to establish the diagnosis, prognosis, and therapy;

STATE: MINNESOTA
Effective: July 1, 2001
TN: 01-13
Approved:
Supersedes: 00-11

ATTACHMENT 3.1-A
Page 80b

SUPPLEMENTARY NOTES (continued)

21. except for an emergency, or as allowed in item 22, more than one office, hospital, long-term care facility, or home visit by the same provider per recipient per day;
22. more than one home health aide visit ~~for a particular type of home health service by a home health agency~~ per recipient per day, and more than two skilled nurse visits per recipient per day, except as specified in the recipient's plan of care;
23. record keeping, charting, or documenting a health service related to providing a covered service;
24. services for detoxification ~~which~~ that are not medically necessary to treat an emergency;
25. artificial insemination;
26. reversal of voluntary sterilization;
27. surgery primarily for cosmetic purposes;
28. ear piercing; and
29. gender reassignment surgery and other gender reassignment medical procedures, including drug therapy for gender reassignment (unless the recipient began receiving such services before July 1, 1998).

STATE: MINNESOTA

Effective: July 1, 2001

TN: 01-13

Approved:

Supersedes: 01-05

ATTACHMENT 3.1-B

Page 16

4.b. Early and periodic screening, diagnosis, and treatment services:

- Early and periodic screening, diagnosis and treatment service is a service provided to a recipient under age 21 to detect, prevent, and correct physical and mental conditions or illnesses discovered by screening services, and to provide diagnosis and treatment for a condition identified according to 42 CFR 441.50 and according to section 1905(r) of the Social Security Act.
- Initial and periodic screenings are provided as indicated by the periodicity schedule. Inter-periodic screens are available to recipients based on medical necessity. An EPSDT service can be requested by the recipient or performed by a provider at any time if medically necessary.
- Initial face-to-face and written notifications of recipients are followed up by county agencies with telephone contacts, letters, and/or home visits. Annual or periodic written renotifications may also be supplemented by personal contacts.

The following are in excess of Federal requirements:

- Screened recipients receive a written copy of any abnormal screening findings.

The following health care not otherwise covered under the State Plan is covered for children by virtue of the EPSDT provisions of Title XIX:

Rehabilitative services as follows:

1. **Professional home-based mental health services** for children are culturally appropriate, structured programs of intensive mental health services provided to a child who is at risk of out-of-home placement because of the severe emotional disturbance. For purposes of item 4.b., a child eligible for home-based mental health services means a child who meets the functional criteria defined in Supplement 1 of this Attachment for purposes of targeted case management, or a child who has an emotional disturbance and who meets one of the following criteria:

STATE: MINNESOTA

ATTACHMENT 3.1-B

Effective: July 1, 2001

Page 16a

TN: 01-13

Approved:

Supersedes: 01-05

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

- A. the child has been admitted within the last three years or is at risk of being admitted to inpatient treatment or residential treatment for an emotional disturbance;
- B. the child is a Minnesota resident and is receiving inpatient treatment or residential treatment for an emotional disturbance through the interstate compact;
- C. the child has one of the following as determined by a mental health professional:
 - 1. psychosis or a clinical depression;
 - 2. risk of harming self or others as a result of an emotional disturbance; or
 - 3. psychopathological symptoms as a result of being a victim of physical or sexual abuse or of psychic trauma within the past year; or
- D. the child, as a result of an emotional disturbance, has significantly impaired home, school or community functioning that has lasted at least one year or that, in the written opinion of a mental health professional, presents substantial risk of lasting at least one year.

The services are for the purposes of resolving an acute episode of emotional disturbance affecting the child, reducing the risk of the child's out-of-home placement, reunifying and reintegrating the child into the child's family after an out-of-home placement. The services are provided primarily in the child's residence but may also be provided in the child's school, the home of a relative of the child, a recreational or leisure setting or the site where the child receives day care.

A child (under age 21) is eligible for home-based mental health services, based on the results of a diagnostic assessment conducted or updated by a mental health professional within the previous 180 days. The diagnostic assessment must have determined that the child meets the functional criteria outlined, above, and is in need of home-based mental health services.

STATE: MINNESOTA

ATTACHMENT 3.1-B

Effective: July 1, 2001

Page 16b

TN: 01-13

Approved:

Supersedes: 01-05

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

The following entities are eligible to provide home-based mental health services:

- A. outpatient hospitals;
- B. community mental health centers;
- C. community mental health clinics;
- D. an entity operated by or under contract to the county to provide home-based mental health services. A contracting entity cannot assign any contractual rights or obligations to a third party who is not an employee of the entity; and
- E. an entity operated by or under contract to a children's mental health collaborative to provide home-based mental health services. A contracting entity cannot assign any contractual rights or obligations to a third party who is not an employee of the entity.

A provider of home-based health services must be capable of providing all of the components specified below. However, a provider is responsible to provide a component only if the component is specified in a child's individual treatment plan. Component A is covered as a mental health service under items 2.a, 5.a., 6.d.A. and 9 of this Attachment. Components B and C are covered as professional home-based therapy services.

- A. diagnostic assessment;
- B. individual psychotherapy, family psychotherapy, multiple-family group psychotherapy; and
- C. individual, family, or group skills training that is designed to improve the basic functioning of the child and the child's family in the activities of daily and community living, and to improve the social functioning of the child and the child's family in areas important to the child's maintaining or re-establishing residency in the community. For purposes of this item, "community" means the child's residence, work, school, or peer group. The individual, family, and group skills training must:

STATE: MINNESOTA
Effective: July 1, 2001
TN: 01-13
Approved:
Supersedes: 01-05

ATTACHMENT 3.1-B
Page 16c

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

1. consist of activities designed to promote skill development of both the child and the child's family in the use of age-appropriate daily living skills, interpersonal and family relationships, and leisure and recreational services;
2. consist of activities that will assist the family to improve its understanding of normal child development and to use parenting skills that will help the child achieve the goals outlined in the child's individual treatment plan; and
3. promote family preservation and unification, community integration, and reduced use of unnecessary out-of-home placement or institutionalization of eligible children.

To be eligible for MA payment, the provider of home-based mental health services must meet the requirements in items A to F, below.

- A. the service under component B, above, must be provided by a mental health professional skilled in the delivery of mental health services to children and their families.
- B. the services under component C, above, must be provided by mental health professionals and mental health practitioners who are skilled in the delivery of mental health services to children and their families.
- C. the services must be designed to meet the specific mental health needs of the child according to the child's individual treatment plan that is developed by the provider and that specifies the treatment goals and objectives for the child.
- D. the provider must provide, or assist the child or the child's family in arranging crisis services for the child and the family of a child that must be available 24 hours per day, seven days a week.

STATE: MINNESOTA

ATTACHMENT 3.1-B

Effective: July 1, 2001

Page 16d

TN: 01-13

Approved:

Supersedes: 01-05

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

- E. the caseload of a home-based mental health service provider must be of a size that can reasonably be expected to enable the provider to meet the needs of the children and their families in the provider's caseload and permit the delivery of the services specified in the children's individual treatment plans.
- F. the services must be coordinated with the child's case manager for mental health services if the child is receiving targeted case management services.

Payment is limited to the following components of home-based mental health services:

- A. diagnostic assessment
- B. individual psychotherapy, family psychotherapy, and multiple-family group psychotherapy
- C. individual skills training, family skills training, and group skills training
- D. time spent by the mental health professional and the mental health practitioner traveling to and from the site of the provision of the home-based mental health services is covered up to 128 hours of travel per client in a six month period. Additional travel hours may be approved as medically necessary with prior authorization.

The services specified in A through J below are **not** eligible for MA payment:

- A. family psychotherapy services and family skills training services are not covered unless the services provided to the family are directed exclusively to the treatment of the recipient. Medical assistance coverage of family psychotherapy services and family skills training services is limited to face-to-face sessions at which the recipient is present throughout the therapy session or skills development session, unless the mental health professional or practitioner conducting the session believes the recipient's absence from the session is necessary to carry out the recipient's individual treatment plan. If the recipient is excluded, the mental health professional or practitioner conducting the session must document the reason for the length of time of